

HEALTH
UNITED

Library

NORTH WALSHAM URBAN DISTRICT COUNCIL

1955

ANNUAL REPORT of

MEDICAL OFFICER OF HEALTH.

G.R. Holtby. M.D., B.S., M.R.C.S.,
L.R.C.P., D.P.H., D.I.H.

MEMBERS OF NORTH WALSHAM URBAN DISTRICT COUNCIL

as at 31st. December, 1955

CHAIRMAN Mr. R.B. Fox, J.P.

VICE-
CHAIRMAN Miss E. Lumb,

MEMBERS.

Mr. F.J. Bloom
Mr. F.W. Edwards
Mr. L. Evans
Mr. E.W. Harmer
Mr. C.G. Hipperson
Mr. H.J.W. Osborne
Mr. C.G. Plumbly
Mr. E.P. Rackstraw
Mrs. V. Randell
Mr. N. Stanley
Mr. E.G. Vincent

OFFICERS OF PUBLIC HEALTH DEPARTMENT

MEDICAL OFFICER OF HEALTH

Dr. G.H. Holtby. M.D., B.S., M.R.C.S., L.R.C.P.,
D.P.H., D.I.H.

SURVEYOR & SANITARY INSPECTOR.

John A. Yates. M.I.Mun.E., M.S.I.A.

NORTH WALSHAM URBAN DISTRICT COUNCIL

To the Chairman and Members of the North Walsham
Urban District Council,
Council Offices,
North Walsham.

Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health and Sanitary circumstances of the District for the year 1955. This is the 8th Report to be presented since the coming into force of the National Health Service Act, 1946.

1956 is the Centenary of the Society of Medical Officers of Health, the East Anglian Branch of which I have the honour to be the Honorary Secretary. These 100 years have seen great changes in the health of all parts of the country, and every section of the community. The first objective of Members of the Society was a battle against epidemic infectious diseases, such as cholera. The second phase was the development of environmental sanitation, and the third the establishment of personal health services. Perhaps the main objective of the future will be improvement in mental health.

The Registrar General estimated the mid-year population as 4,790 as compared with 4,740 for 1954. There were 60 live births and 50 deaths, a natural increase of 10. There was thus a small movement of people ~~into~~ of the district. The crude birth rate is 12.53 per thousand of the population, and the crude death rate 10.44 per thousand of the population. By use of the comparability factor supplied by the Registrar General the birth rate becomes 14.28 and the death rate 7.41. The purpose of this factor is to modify local rates to those of a population with an age and sex distribution of England and Wales as a whole. The standard rates for England and Wales are Birth Rate 15.0 and Death Rate 11.7.

The principal causes of death were again Cardio Vascular Disease and Cancer in all forms, which account for 52% and 22% of all deaths respectively. These are sometimes referred to as the degenerative diseases, though they by no means always affect elderly people. Can anything be done to reduce their incidence? Much research work is being devoted to the problem and this much is known:- Coronary artery disease is more likely to occur, other factors being equal, in those who are less physically active. Diet is probably also important, very "rich" diets containing much cream and fat being dangerous. These two factors may explain why this disease is common in North America. There may be others, such as heavy smoking and a harrassed mode of life.

We do not know yet whether the problem of Cancer is fundamentally one problem, or whether there are various noxious agents causing various types of cancer. In the case of cancer of the lungs, while atmospheric pollution may play a part, there can be no doubt that heavy smoking, particularly cigarette smoking of over 20 cigarettes a day, if indulged in for a long period, carries a risk of incurring this disease. Youth should be discouraged from starting the smoking habit.

The number of people on the waiting list for council houses at the end of the year was 40.

Infective Hepatitis heads the list of notified infectious diseases. It is probable that this disease is not always treated with the seriousness which it deserves. It may prevent its victim from working for as long as two months, and then not all patients are free from residual disability. The agent of Infective Hepatitis is passed in the stools and one method of spread is by the ingestion of material contaminated by faeces - a mode of spread which has been shown to work in volunteers. This suggests that disinfection of the faeces before disposal and stringent hand washing by attendants may reduce the incidence. One of the difficulties in the study of this disease is its long incubation period - about one month - and this may prevent a realisation of its infectivity. Anyone who has been in contact with a case should call in the doctor and isolate himself at the first occurrence of symptoms - usually marked loss of appetite and often abdominal pain, which precede the appearance of jaundice by several days.

Nine cases of dysentery were notified, and the actual number of cases probably greatly exceeded those notified. This is chiefly because diagnosis is often very difficult without an examination of stool specimens.

The annual increase in the number of cases of this disease is a national problem, but certain measures can be taken to limit its spread. The first is to realise the infectivity of many cases of diarrhoea. While no doubt dietary indiscretions sometimes cause alimentary upsets, diarrhoea is seldom a prominent symptom in these cases. It is wise to regard its occurrence as due to an infection, and to obtain medical advice. At the same time, the hygienic precautions against food poisoning which should always be observed, must be rigidly adhered to when infection is suspected. The ritual of hand washing after every visit to lavatory and before handling food should be taught to every child; for "food handlers" it is essential.

Flies should be excluded as far as possible from excreta and from food, and the germs which occur in septic sores, and which are spread in their myriads by every cough and sneeze should be kept from food which other people have to eat.

Dysentery, unlike the salmonella and staphylococcal outbreaks is probably not a true food poisoning; it is probably spread by direct contact. Lavatory seats, lavatory chains, water taps and even towels can harbour germs, and should be kept clean with soap and water. Disinfectants have their place, but strong solutions can injure delicate skins. Individual towels are preferable to communal ones, in particular the roller towels, unless the latter are changed frequently.

I have mentioned above that all children should be taught to wash their hands automatically after using the toilet. Equally automatic should be the cleaning of teeth before going to bed at night. Some children, when interrogated, state proudly that they clean their teeth in the morning when they rise, but not at night. One often finds that they have a sweet to suck to help them to sleep, or perhaps as a bribe to persuade them to settle down for the night! The sugar in the sweet will form acid between the teeth, and it will eat into their enamel to allow decay to enter the underlying dentine.

During the day time, the constant movement of the tongue will help to clean the teeth to a certain extent, but at night it is still, and while parents may think this is a blessing, it means that the teeth must always be cleaned before retiring. Certainly they are with benefit also cleaned after breakfast, and indeed after all meals if possible, but the use of the tooth brush "last thing" should be invariable. The now ready availability of sweets and chocolate, and the fact that fluoridation of the water supply will not be coming to this district in the near future, make this particularly important.

During the year, immunisation against Poliomyelitis was practiced on a large scale in North America, and while it had not started in this country, the experience gained there was very helpful to the British scientists, who later came to prepare a vaccine for use in this country. One early disaster, the contamination of the vaccine with a living virus, while it made American authorities introduce precautions which effectively prevented its recurrence in the many millions of injections carried out subsequently, and which led to the British carrying out even more stringent precautions, had the unfortunate effect of prejudicing some people in this country against the vaccine. The subsequent success of the programme in the U.S.A, and in Canada, where at no time any untoward effects followed, should dispel all doubts in the minds of parents, who are right to think carefully about the value of new remedies and preventive measures.

No such caution is necessary in the case of immunisation against Diphtheria and Whooping cough, and vaccination against Smallpox. The majority of school children are protected against Diphtheria as "booster" injections of the immunising agent are given routinely in the schools by the School Medical Officers, but this happy position does not obtain in the case of young children. The records from General Practitioners and from our own clinics show that only 37% of the babies born during the year were immunised. We cannot be sure of preventing a recurrence of this very serious disease, unless the percentage rises to 75%. The usual practice now is to combine immunisation against it with that against Whooping cough, which because of its chest complications is the most dangerous of the common infectious diseases of childhood at the present time. It is during its first year that the baby is most vulnerable to these complications and this provides another reason why parents should get their babies protected as soon as possible.

The position with regard to vaccination against Smallpox is even less satisfactory. What the eye doesn't see, the heart doesn't grieve about, and memories of the scourge of smallpox, as of diphtheria are dim, but the eye may easily read in the newspaper tomorrow, or in a few months' time that smallpox has appeared again in this country. Two serious outbreaks have occurred in Yorkshire and Sussex in the last few years. With the increasing speed of air travel, it is quite possible for persons apparently healthy, but in the incubation period of the disease to arrive in this country from abroad and to cause local outbreaks to start.

When the babies of to-day are grown up, they may well require to travel abroad for pleasure or necessity. If they have been vaccinated as infants, they will be in a

strong position compared to those who have not been vaccinated, for while vaccination should always be repeated when going abroad to an endemic area, or when likely to be in contact with a case of the disease, the risks of primary vaccination and its unpleasant effects are much less for babies than for older people. The risks and reactions attached to secondary vaccination are negligible.

I wish to record my thanks to the Members of the Council for their support and encouragement and to the Clerk Surveyor and Sanitary Inspector, and clerical staff for their assistance and readiness to co-operate in matters of Public Health.

I have the honour to remain, Ladies and Gentlemen,

Your obedient servant,

G.M. Holtby.

Medical Officer of Health.

30th October, 1956.

SECTION 'A'

NATURAL AND SOCIAL CONDITIONS.

AREA - (in acres) 4,252. The District consists of the town of North Walsham with a surrounding district entirely rural in character with Agriculture and Dairy Farming as the main industries. The town is probably one of the most conveniently situated Market Towns in Norfolk and by virtue of its fine position it is extremely healthy. Subsoil is of sand and gravel and the town receives the bracing air from the sea which is so close at hand.

POPULATION. The Registrar General has estimated the population for mid-year 1955 to be 4,790

NUMBER OF INHABITED HOUSES. According to the Rate Book, the number of Inhabited Houses in the District is 1768, the Rateable Value being £21,266. The sum represented by a Penny Rate is £115.

SUMMARY OF VITAL STATISTICS.

Area in acres	4,252
Population (Reg.General's mid-year estimate)	4,790
No. of Inhabited Houses according to Rate Book	1,768
Rateable Value	£21,266
Sum represented by a penny rate ,... ..	£115

<u>LIVE BIRTHS</u>	<u>TOTAL</u>	<u>Male</u>	<u>Female</u>	<u>Crude rate per thousand</u>	<u>Standard Rate per Thousand</u>	<u>Rate England & Wales.</u>
Legitimate	57	33	24			
Illegitimate	3	1	2			
	60	34	26	12.53	14.28	15.0.

<u>STILL BIRTHS</u>				<u>Rate per Thousand Live & Still Births.</u>	
Legitimate	2	1	1		
Illegitimate	-	-	-		
	2	1	1	32.26	23.1.

<u>DEATHS (All causes)</u>				<u>Crude rate per thousand</u>	
	50	22	21	10.44	7.41 11.7

<u>INFANT MORTALITY</u>				<u>Rate per thousand LIVE BIRTHS</u>	
Legitimate	1	1	-		
Illegitimate	-	-	-		
	1	1	-	16.7	24.9

<u>DEATHS FROM SPECIAL DISEASES</u>	<u>TOTAL.</u>	<u>MALE</u>	<u>FEMALE</u>
Measles (all ages)	-	-	-
Whooping Cough (all ages)	-	-	-
Enteritis (under 2 yrs.of age)	-	-	-
Cancer (all ages)	11	7	4
Tuberculosis (all ages)	-	-	-

BIRTH RATE, DEATH RATE, ANALYSIS OF MORTALITY & CASE RATES
FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1955

	England & Wales	North Walsham U.D.C.	
<u>BIRTHS.</u>	<u>Rates per 1000 population</u>		
	<u>Standard rate per</u>		
	<u>thousand</u>		
LIVE	15.0	14.28	12.53
STILL	23.1(a)	36.18 (a)	32.26 (a)

DEATHS

All causes	11.7	7.41	10.44
Whooping cough	-	-	-
Diphtheria	-	-	-
Tuberculosis	-	-	-
Influenza	-	-	-
Acute Poliomyelitis	-	-	-
(including Polioencephalitis)	-	-	-
Pneumonia (Broncho)	-	-	-

<u>NOTIFICATIONS (Corrected)</u>	<u>North Walsham U.D.C.</u>
	<u>Rates per 1000 population.</u>

Tuberculosis - Pulmonary	0.42
Typhoid Fever	0.00
Paratyphoid Fever	0.00
Meningococcal Infection	0.00
Scarlet Fever	0.21
Whooping Cough	1.67
Diphtheria	0.00
Erysipelas	0.00
Smallpox	0.00
Measles	1.44
Pneumonia	0.00
Acute Poliomyelitis (including	
Polioencephalitis) -	
Paralytic	0.00
Non-Paralytic	0.21
Food Poisoning	0.00
Puerperal Pyrexia	0.21
Infective Hepatitis	1.88
Dysentery	1.25.

<u>DEATHS</u>	England & Wales.	North Walsham U.D.C.
All causes under 1 year of age.	24.9 (b)	16.7 (b)

Notes:- (a) Per 1000 Total (Live & Still) Births
(b) Per 1000 related Live Births

INDIVIDUAL CAUSES OF DEATH

	MALE	FEMALE	TOTAL
1. Tuberculosis - respiratory	-	-	-
2. Tuberculosis - other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective & parasitic diseases	-	-	-
10. Malignant neoplasm of stomach	2	-	2
11. Malignant neoplasm of Lungs & Bronchus	3	1	4
12. Malignant neoplasm of breast	-	1	1
13. Malignant neoplasm of uterus	-	-	-
14. Other malignant and lymphatic neoplasms	2	2	4
15. Leukaemia, aleukaemia	-	-	-
16. Diabetes	-	-	-
17. Vascular lesions of nervous system	2	3	5
18. Coronary disease - angina	5	1	6
19. Hypertension with heart disease	-	-	-
20. Other heart diseases	5	4	9
21. Other circulatory diseases	4	2	6
22. Influenza	-	-	-
23. Pneumonia	-	2	2
24. Bronchitis	-	-	-
25. Other diseases of respiratory system	-	-	-
26. Ulcer of stomach and duodenum	-	-	-
27. Gastritis, enteritis & Diarrhoea	-	-	-
28. Nephritis and nephrosis	-	-	-
29. Hyperplasia of prostate	1	-	1
30. Pregnancy, childbirth and abortion	-	-	-
31. Congenital malformation	-	-	-
32. Other defined and ill-defined diseases	3	5	8
33. Motor vehicle accidents	1	-	1
34. All other accidents	1	-	1
35. Suicide	-	-	-
36. Homicide and operations of war	-	-	-
ALL CAUSES	29	21	50

Infantile Mortality During the Year 1955.

Causes of Death.	Under 1 wk.	1-2 wks.	2-3 wks.	Total under 1 mth.	1-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.
Atelectasis	1	-	-	1	-	-	-	-
Convulsions	-	-	-	-	-	-	-	-
Gastro-enteritis	-	-	-	-	-	-	-	-
Bronchitis (acute)	-	-	-	-	-	-	-	-
Pneumonia (primary)	-	-	-	-	-	-	-	-
Broncho-pneumonia	-	-	-	-	-	-	-	-
Prematurity	-	-	-	-	-	-	-	-
Intra Cranial Haemorrhage	-	-	-	-	-	-	-	-
Congenital anaemia	-	-	-	-	-	-	-	-
Congenital malformation	-	-	-	-	-	-	-	-
Haematemesis	-	-	-	-	-	-	-	-
TOTALS	1	-	-	1	-	-	-	-

Vital Statistics of the District for 1955 and previous years.

Comparative Table with England and Wales for past ten years.

YEAR	Birth rate per 1,000 population.		Death rate per 1,000 population		Infant Mortality Rate per 1,000 Live Births.	
	England & Wales.	N.Walsham U.D.C.	England & Wales	N.Walsham U.D.C.	England & Wales	N.Walsham U.D.C.
1945		Records not available.				
1946	19.1	18.2	11.5	15.4	43.0	50.64
1947	20.5	19.1	12.0	19.8	41.0	54.0
1948	17.9	16.3	10.8	13.2	34.0	54.0
1949	16.7	16.5	11.7	13.9	32.0	Nil
1950	15.8	15.5	11.6	11.1	29.8	13.7
1951	15.5	10.2	12.5	10.7	29.4	27.4
1952	15.3	12.58	11.3	14.3	27.6	Nil
1953	15.5	13.78	11.4	10.4	26.8	30.77
1954	15.2	14.55	11.3	12.70	25.5	Nil
1955	15.0	12.53	11.7	10.44	24.9	16.7

SECTION B

GENERAL PROVISION OF HEALTH SERVICES.

North Walsham Urban District is included with Smallburgh Rural District, and Blofield and Flegg Rural District to form No. 1 Area of Norfolk County Council for the purpose of carrying out the duties for which the County Health Authority has accepted responsibility under the National Health Service Act 1946. These include the care of Mothers and Young Children, Midwifery Service, Health Visiting Service, Home Nursing Service, Vaccination and Immunisation, Prevention of Illness, Care and Aftercare, Domestic Health Service and Mental Health Service. Some of these services along with the School Health Service in the area are the responsibility of the Area Medical Officer, who also acts as Medical Officer of Health of the three County Districts comprising Area No. 1 referred to above.

NATIONAL HEALTH SERVICE ACT, 1946.

Local Health Services under Part III

Home Nursing, Midwifery and Health Visiting.

These are attended to by one District Nurse and one Health Visitor.

Infant Welfare Centre. - Church Hall (2nd. Thurs. each month)

A centre is established at the North Walsham Secondary Modern School for:-

Dental Clinic	....	....	....	....	4 sessions weekly
Speech Clinic	....	....	....	....	1 session weekly
Minor Ailments Clinic	....	....	....	....	1 session weekly.

General Welfare Services, are under the supervision of the Norfolk County Council's Local Welfare Officer, Mr. D.M. Ingham, whose office - established in the North Walsham Council Offices - is attended daily. Sixteen persons were admitted by the Welfare Officer to Chronic Sick Hospitals, County Homes and Mental Hospitals during the year.

HOME HELP SERVICE. The Home Help Service is administered from the Area Local Health Office, Aspland Road, Norwich, and an average of 10 cases were assisted each week throughout the year. Applications for assistance are addressed to the Welfare Officer at his North Walsham Office. In addition to cases dealt with under this service, the Welfare Officer was able to arrange for other cases to be assisted by obtaining Domestic Assistance Allowance from the National Assistance Board.

AMBULANCE FACILITIES. The maintenance of an adequate ambulance service is the liability of the Norfolk County Council. This duty is discharged through the St. John Ambulance Brigade and the British Red Cross Society on substantially the same lines as those operating before the 5th July, 1948

VACCINATION AND IMMUNISATION. These are carried out by the General Medical Practitioners and by Acting County Medical Officers.

LABORATORY FACILITIES. Facilities for laboratory investigation are to be had at the Public Health Laboratory, Bowthorpe Road, Norwich.

NATIONAL ASSISTANCE ACT 1948. (Section 47) (Removal to Suitable Premises of Persons in Need of Care and Attention.

No action was necessary during the year.

SECTION 'C'.

SANITARY CIRCUMSTANCES OF THE DISTRICT.

WATER SUPPLY.

Source. All main water is pumped from underground workings in chalk deposits at the Southern end of the Town, and is temporarily stored in two water towers before distribution.

Tests. Two bacteriological examinations were made with highly satisfactory results. One chemical analysis was also satisfactory.

Quality. The chemical characteristics were almost exactly the same as in the previous year, and the Public Analyst pronounced the water as very suitable for drinking and general purposes. The only differences were a slight trace of iron and chalk in suspension and a very slight trace of copper, of no significance from the Public Health point of view.

Supply. During the year a small number of properties with unsatisfactory supplies were connected with the mains. At all times an adequate volume of supply was maintained.

SEWERAGE.

Further properties were connected to the mains sewer, mainly superceding cesspool installations. Trade waste continued to be accepted from the Steam Laundry and the Norfolk Canneries Ltd.

Pollution of Rivers and Streams. No action was taken beyond investigation of drainage ditches, and one was cleaned out.

Closet Accommodation. The provision of bathroom and water closet accommodation has again continued, several pail closets having been converted to the water carried system.

Night Soil Collection. This has been maintained and at the end of the year 71 properties were being served.

Public Sanitary Accommodation. The present Public Conveniences have been maintained and cleansed as well as possible having regard to their deteriorating condition. New conveniences are most desirable in the centre of the town to replace the old ones. Accommodation in the Park is satisfactory.

Disinfestation. The services given by the Council's trained Rodent Operative have been continued. No serious infestations were met with and all were satisfactorily treated. Finally, all the Council's sewers, refuse tips and Sewage Works were kept disinfected.

Collection and Disposal of Refuse. This was executed satisfactorily during the year.

Salvage Collection. This was maintained on a small scale during the year.

SECTION 'D'

HOUSING

Number of Houses completed during year ended December, 1955 ..	24
Number of Bungalows completed ..	23
Number of Houses under construction ..	4
Number of Bungalows under construction ..	7
Of the 23 Bungalows completed, 22 were erected for occupation by Old People.	

Private domestic building again increased, 17 being completed and 5 being under construction at the end of the year.

SECTION 'E'

INSPECTION AND SUPERVISION OF FOODS.

Routine visits were paid and advice given where necessary in connection with the Council's Byelaws for Clean Food made under the Food and Drugs Act 1938. No administrative difficulties have arisen.

Ice Cream sampling was carried out by the Sanitary Inspector. In the main the samples tested reached the Provisional Grade 1 category.

The number of food premises registered under Section 24 of the Food and Drugs Act and the number of dairies registered under the Milk and Dairies Regulations 1949 was as follows:-

Premises registered for the sale of ice cream ...	15
Premises registered for the sale of meat, sausages, preserved food etc.	9
Registered Dairies	16

The number of inspections of registered food premises were as follows:-

Of premises registered for the sale of ice cream ..	32
Of premises registered for the sale of meat, sausages, preserved food, etc.	7
Of registered dairies ...	23

The method of disposal of condemned food is as follows:

The condemned food is retained on the premises where condemnation has taken place until called for by the Council's refuse van, when it is taken to and destroyed on the Council's refuse tip.

Slaughterhouses. There is one registered private slaughterhouse in the Town and regular meat inspections were carried out there by the Sanitary Inspector who holds the R.S.I. Meat and Foods Certificate.

SECTION 'F'

PREVENTION AND CONTROL OF INFECTIOUS DISEASES

NOTIFICATIONS (Corrected)

Scarlet Fever	...	1	Acute Encephalitis Infectious	-
Whooping Cough	...	8	Post Infectious	-
Poliomyelitis. Paralytic	...	-	Enteric or Typhoid Fever	-
Non Paralytic	...	1	Paratyphoid Fever	-
Measles	...	5	Erysipelas	-
Diphtheria	...	-	Meningococcal Infection	-
Acute Pneumonia	...	-	Food Poisoning	-
Dysentery	...	6	Enteritis	-
Smallpox	...	-	Malaria	-
Puerperal Pyrexia	...	1	Tuberculosis - Pulmonary	2
Infective Hepatitis	...	9	- non-pulmonary	-

DIPHTHERIA IMMUNISATION.

(for whole of No. 1 area)

Age at 31/12/55 (i.e. born in year)	Under 1 yr. 1955	1 - 4 years 1954 - 1951	5 - 14 years. 1950 - 1941.
--	---------------------	----------------------------	-------------------------------

No. Immunised -

(a) Primary	321 (22)	176	151
(b) Reinforcement	-	33	573

Total -

(a)	Children under 5 years.	497
	Children under 15 "	648

(b)	All ages	606.
-----	-----------------	------

VACCINATION AGAINST SMALLPOX

(for whole of Area No. 1.)

Age at 31.12.55 (i.e. born in year)	Under 1 year 1955	1 - 4 years 1954 - 1951	5 - 14 years 1950 - 1941	15 yrs & over.
--	----------------------	----------------------------	-----------------------------	-------------------

No. Vaccinated	292 (19)	19	6	16
No. Re-vaccinated	-	4	9	43.

H.B.

* Figures in brackets refer to North Walsham.

Infectious Diseases.

INFECTIVE HEPATITIS. 9 cases were notified, and have been dealt with in the introduction to the report.

WHOOPING COUGH. 8 cases were notified as compared with 3 last year. It is hoped that the increasing habit of carrying out immunisation against this disease combined with that against diphtheria will reduce the number of cases occurring annually as well as the severity of the disease. This trend has already been noticed in the rural districts in Area No. 1.

DYSENTERY. 6 cases were notified during the year. This disease, which is dealt with at some length in the introduction is not only a great nuisance but can be dangerous even to life in the case of babies and elderly people.

MEASLES. 5 cases were notified this year, and 224 last year. A very big drop in the number of cases of this disease from last year was expected, as its natural history shows an increase in cases in alternate years.

TUBERCULOSIS. 2 cases of pulmonary Tuberculosis were notified. The mortality from this disease has diminished greatly during recent years due to earlier diagnosis, improved methods of treatment and more effective after-care measures.

SCARLET FEVER. 1 case was notified. As mentioned last year, it is scarcely logical to isolate cases of this disease which is notifiable, but not isolate cases of streptococcal sore throat which is not notifiable though it is virtually the same disease without the rash and equally infectious.

POLIOMYELITIS. 1 non-paralytic case was notified. It is important that during the poliomyelitis season, people, particularly young people, should not take part in strenuous exercises in order to work off pain or stiffness in the limbs, which may be the early signs of Poliomyelitis. Such exercises may make the paralysis much worse.

TUBERCULOSIS

The following are the Mortality Rates:-

Pulmonary Tuberculosis Mortality Rate - Nil per 1,000 population.
Non-Pulmonary Tuberculosis Mortality Rate - Nil per 1,000 population.

New Cases of Tuberculosis Notified during 1955.

Ages	Pulmonary		Non-Pulmonary	
	Males	Females.	Males	Females.
Under 5 yrs.	-	-	-	-
5 - 14 years	-	-	-	-
15 - 24 years	-	-	-	-
25 - 44 years	1	1	-	-
45 - 64 years	-	-	-	-
65 and over	-	-	-	-
Total	1	1	-	-

Number of Cases of Tuberculosis on Register at
31st. December 1955.

	Pulmonary		Non-Pulmonary		Total	
	Males	Females	Males.	Females.	Males.	Females.
31st. Dec. 1955	17	6	1	4	18	10
31st. Dec. 1954	16	5	1	3	17	8

FACTORIES ACT, 1937 and 1948.

Part I of the Act.

1. INSPECTIONS for the purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises	M/c line No.	No. on Register	Number of: Inspect -ions.	Written Notices	Occupier's prosecuted	M/c Line No.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(i) Factories in which Secs.1,2, 3,4, & 6, are to be enforced by Local Authority		22	25	-	-	
(ii) Factories not included in (1) in which Sec.7 is enforced by Local Authority		45	55	-	-	
(iii) Other Premises in which Sec.7 is enforced by Local Authority (excluding out workers premises).		-	-	-	-	
Total		67	80	-	-	

2. CASES in which Defects were found:-

PARTICULARS	M/C	No. of cases in which defects were				No. of cases	M/C
	Line	found				in which	Line
	No.	Referred				prosecutions	No.
		Found	Remedied	to H.M.	by H.M	were	
				Inspector	Inspector	instituted.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Want of Cleanliness		-	1	-	1	-	
Overcrowding		-	-	-	-	-	
Unreasonable temperature.		-	-	-	-	-	
Inadequate Ventilation		-	-	-	-	-	
Ineffective drainage to floors		-	-	-	-	-	
Sanitary Conveniences							
(a) Insufficient		-	1	-	1	-	
(b) Unsuitable or defective.		-	1	-	1	Nil	
(c) Not separate for sexes		-	-	-	-	-	
Other offences against the Act (not including offences relating to Outwork)		-	-	-	-	-	
TOTAL		-	3	-	3	-	

OUTWORK

-- Nil --

